

eWiSACWIS Provider EFT Setup

The EFT expando section is the same on both the Private Provider and the Home Provider pages

The image displays two screenshots of the eWiSACWIS web application, illustrating the EFT setup process for different provider types.

Private Provider Screenshot:

- Basic Information:** Number: 9221100, Name: Five, Type: Other, Status: Active, License Type: State of WI, Lcns. Agency: test, HSRS Number: [empty].
- Provider Tab:** Contact Information, Electronic Funds Transfer (EFT).
- EFT Section (Highlighted):** Provider ID: 9221100, Provider Name: Five, Payment Method: ☒ Electronic Funds Transfer, ☐ Check.
- Pre-Note Information:** Pre-Note Status: No Request, Pre-Note requested: ☐, Date Pre-Note Sent: 00/00/0000, Trace Number: [empty].
- Bank Information:** ABA Number: [empty], Bank Name: [empty], Options: [empty].

Home Provider Screenshot:

- Basic Information:** Number: 20169, Name: Patricia Provider, Type: Foster Home, Status: Active, Lcns. Type: Not Licensed, Lcns. Agency: Oconomowoc, HSRS Number: [empty].
- Home Tab:** Parent Agency: Patricia Provider, ☒ SSN, ☐ N/A, Insert button.
- EFT Section (Highlighted):** Provider ID: 20169, Provider Name: Patricia Provider, Payment Method: ☒ Electronic Funds Transfer, ☐ Check.
- Pre-Note Information:** Pre-Note Status: No Request, Pre-Note requested: ☐, Date Pre-Note Sent: [empty], Trace Number: [empty].
- Bank Information:** ABA Number: [empty], Account Number: [empty], Bank Name: [empty].
- Options:** [empty], Go button.
- Buttons:** Save, Close.

Initial Setup

Step 1:

The first step is to select the “Pre-Note requested” check-box. This will change the Pre-Note Status field to display “Prenote Requested”. The Bank Information group box and information fields will activate and turn blue, indicating they are required fields.

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Basic

Number: 9221100 Name: Five Type: Other Status: Active

License Type: State of WI Lons. Agency: test HSRS Number:

Provider Characteristics Services

Insert

Contact Information

Electronic Funds Transfer

Provider

Provider ID: 9221100 Provider Name: Five

Payment Method: ☐ Electronic Funds Transfer ☐ Check

Pre-Note Information

Pre-Note Status: Prenote Requested ☒ Pre-Note requested

Date Pre-Note Sent: 00/00/0000 Trace Number:

Bank Information

ABA Number: Account Number:

Bank Name:

Options: Go Save Close

Done Local intranet

Step 2:

After checking the “Pre-Note requested” check-box, the Bank Information group box fields “ABA Number”, “Account Number”, and “Bank Name” must be entered.

Then click the Save button.

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWISACWIS

Print Spell Check Help

Basic

Number: 9221100 Name: Five Type: Other Status: Active

License Type: State of WI Lcons. Agency: test HSRS Number:

Provider Characteristics Services

Insert

Contact Information

Electronic Funds Transfer

Provider

Provider ID: 9221100 Provider Name: Five

Payment Method: ☐ Electronic Funds Transfer ☐ Check

Pre-Note Information

Pre-Note Status: Prenote Requested ☒ Pre-Note requested

Date Pre-Note Sent: 00/00/0000 Trace Number:

Bank Information

ABA Number: 12345678 Account Number: 123456789

Bank Name: US Bank

Options: Go

Save Close

Done Local intranet

Step 3:

After being processed by the EFT batch (which is run by the State operations staff), the Pre-Note Status field will display "Prenote Sent". Additionally, the Provider group box Payment Method will be activated and the radio buttons for "Electronic Funds Transfer" and "Check" will be selectable. The default value remains as "Check" until a worker updates the value to "Electronic Funds Transfer".

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Basic

Number: 9221100 Name: Five Type: Other Status: Active

License Type: State of WI Lcons. Agency: test HSRS Number:

Provider Characteristics Services

Insert

Contact Information

Electronic Funds Transfer

Provider

Provider ID: 9221100 Provider Name: Five

Payment Method: ☐ Electronic Funds Transfer ☒ Check

Pre-Note Information

Pre-Note Status: Prenote Sent ☒ Pre-Note requested

Date Pre-Note Sent: 00/00/0000 Trace Number:

Bank Information

ABA Number: 12345678 Account Number: 123456789

Bank Name: US Bank

Options: Go

Save Close

Done Local intranet

Step 4:

Selecting the radio button for “Electronic Funds Transfer” and clicking the Save button will change the provider’s payment method to EFT.

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check ABC Help ?

Basic

Number: 9221100 Name: Five Type: Other Status: Active

License Type: State of WI Lons. Agency: test HSRS Number:

Provider Characteristics Services

Insert

Contact Information

Electronic Funds Transfer

Provider

Provider ID: 9221100 Provider Name: Five

Payment Method: ☒ Electronic Funds Transfer ☐ Check

Pre-Note Information

Pre-Note Status: Prenote Sent ☒ Pre-Note requested

Date Pre-Note Sent: 00/00/0000 Trace Number:

Bank Information

ABA Number: 12345678 Account Number: 123456789

Bank Name: US Bank

Options: Go

Save Close

Done Local intranet

Provider is ready for EFT processing

Once the provider has been setup for EFT, the Electronic Funds Transfer expando area will display as below. The Payment Method will be set to "Electronic Funds Transfer", the Pre-Note Status will display "No Request", and the Bank Information group box will display the bank and account information. The only field which is user selectable is the "Check" radio button.

The screenshot shows the eWiSACWIS web application in a Microsoft Internet Explorer browser window. The title bar reads "Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes the eWiSACWIS logo and navigation links for Print, Spell Check, and Help.

The main form is titled "Basic" and contains the following fields:

- Number: 9221100
- Name: Five
- Type: Other (dropdown menu)
- Status: Active (dropdown menu)
- License Type: State of WI (dropdown menu)
- Lcns. Agency: test
- HSRS Number: (empty text box)

Below the Basic section are three tabs: Provider, Characteristics, and Services. The Provider tab is selected, and an "Insert" button is visible.

The "Electronic Funds Transfer" section is expanded, showing the following information:

- Provider**
 - Provider ID: 9221100
 - Provider Name: Five
 - Payment Method: ☒ Electronic Funds Transfer ☐ Check
- Pre-Note Information**
 - Pre-Note Status: No Request (dropdown menu) ☐ Pre-Note requested
 - Date Pre-Note Sent: 00/00/0000
 - Trace Number: (empty text box)
- Bank Information**
 - ABA Number: 12345678
 - Account Number: 123456789
 - Bank Name: US Bank

At the bottom of the form, there is an "Options:" dropdown menu and a "Go" button. The "Save" and "Close" buttons are located at the bottom right of the form area.

**Changing / Updating Bank or Account Number information
OR
Switching a provider back to paper check processing**

If a provider changes banks or account numbers, a new pre-note must be requested, which will allow entry of the new data. However, the bank must verify the pre-note information prior to the first actual EFT transaction. During that period of time, the provider may receive a paper check.

In order to switch a provider back to check processing, navigate to the Provider Maintenance page.

Then select the "Check" radio button. A notification pop-up will display as shown below. Select "Yes".

The Bank Information group box fields will clear and be disabled. Click Save.

The screenshot shows the eWiSACWIS web application in a Microsoft Internet Explorer browser window. The page title is "Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes the eWiSACWIS logo and navigation links for Print, Spell Check, and Help.

The main content area is divided into three tabs: "Provider", "Characteristics", and "Services". The "Provider" tab is active, showing a form with the following fields:

- Number: 9221100
- Name: Five
- Type: Other (dropdown)
- Status: Active (dropdown)
- License Type: State of WI (dropdown)
- Lcons. Agency: test
- HSRS Number: (empty field)

Below the tabs, there is an "Insert" button and a list of expandable sections: "Contact Information" and "Electronic Funds Transfer". The "Electronic Funds Transfer" section is expanded, showing the "Provider" sub-section with the following fields:

- Provider ID: 9221100
- Provider Name: Five
- Payment Method: ☐ Electronic Funds Transfer ☒ Check

A red arrow points to the "Check" radio button. A confirmation dialog box titled "eWiSACWIS -- Web Page Dialog" is displayed over the form, with the message: "Changing the payment method to Check will require you to request a new prenote before you can select EFT again. Are you sure you want to do that?". The dialog has "Yes" and "No" buttons.

Below the "Electronic Funds Transfer" section, there is a "Pre-Note Information" section with the following fields:

- Pre-Note Status: No Request
- Date Pre-Note Sent: 00/00/0000

At the bottom of the form, there is a "Bank Information" section with the following fields:

- ABA Number: (empty field)
- Bank Name: (empty field)

The "Options" dropdown menu is set to "Go". The "Save" and "Close" buttons are visible at the bottom right of the form.

The provider will now receive paper checks instead of EFT payments.
A new pre-note request may then be submitted, as outlined in Step 2.

Private Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Basic

Number: 9221100 Name: Five Type: Other Status: Active
License Type: State of WI Lcns. Agency: test HSRS Number:

Provider Characteristics Services

Insert

Contact Information

Electronic Funds Transfer

Provider

Provider ID: 9221100 Provider Name: Five
Payment Method: ☐ Electronic Funds Transfer ☒ Check

Pre-Note Information

Pre-Note Status: No Request ☐ Pre-Note requested
Date Pre-Note Sent: 00/00/0000 Trace Number:

Bank Information

ABA Number: Account Number:
Bank Name:

Options: Go Save Close

Done Local intranet